

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000090188

1. Entity Name

ANACONDA GARDENS, INC.

**FILED**  
**Jan 18, 2001 8:00 am**  
**Secretary of State**

01-18-2001 90011 005 \*\*\*150.00

Principal Place of Business

2930 WESTFIELD RD  
GULF BREEZE FL 32561

Mailing Address

2930 WESTFIELD RD  
GULF BREEZE FL 32561

00004047

2. Principal Place of Business

4104 Gulf Breeze Pkwy  
Suite, Apt. #, etc.

3. Mailing Address

4104 Gulf Breeze Pkwy  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Gulf Breeze, FL

Zip  
32561

Country

City & State

Gulf Breeze, FL

Zip  
32561

Country

4. FEI Number 59-3593457

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LAWSON, THOMAS B III  
2930 WESTFIELD RD  
GULF BREEZE FL 32561

7. Name and Address of New Registered Agent

Name LAWSON, THOMAS B. III  
Street Address (P.O. Box Number is Not Acceptable)  
4104 GULF BREEZE PKWY.

City GULF BREEZE, FL FL Zip Code 32561

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE THOMAS B. LAWSON III Thomas B. Lawson III 01/09/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D  
NAME LAWSON, THOMAS B III  
STREET ADDRESS 1119 JAGUAR CIRCLE  
CITY-ST-ZIP GULF BREEZE FL 32561 ☐ Delete

TITLE D  
NAME LAWSON, CHARLOTTE R  
STREET ADDRESS 1119 JAGUAR CIRCLE  
CITY-ST-ZIP GULF BREEZE FL 32561 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas B. Lawson III THOMAS B. LAWSON III 01/09/01 850-934-4646  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0096872

CR2E034 (10/00)